



WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

Rules Workshop

Proposed Clinical Support
Program

November 13, 2019

Capital Event Center
Lewis Room
6005 Tye Drive SW
Tumwater, WA 98512



Table of Contents

	Page
Meeting Notice	3
Agenda	5
CR-101.....	7
Draft Language	9

Rule Workshop Notice



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

Meeting Announcement
For the Washington Medical Commission
*CR-101 for Proposed Clinical Support Program
WAC 246-919-XXX Physicians
WAC 246-918-XXX Physician Assistants

Rulemaking

The Washington Medical Commission (commission) has officially filed a [CR-101](#) with the Office of the Code Reviser on February 22, 2018. The WSR# is 18-06-007.

The commission is considering creating two new rule sections, and revising related rule sections as appropriate, to establish a clinical support program (program), its criteria and procedures for allopathic physicians and physician assistants. The intent of the program is to assist practitioners with practice deficiencies related to consistent standards of practice and establish continuing competency mechanisms that will protect patients proactively through a plan of education, training and/or supervision. The commission may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

Proposed Clinical Support Program Workshop Meeting

In response to the filing, the Commission will conduct an open public rules workshop on Wednesday, November 13, 2019, beginning at 1:30 pm at:

Capital Event Center
Lewis Room
6005 Tye Drive SW
Tumwater, WA 98512
(360) 464-6700

This meeting will be open to the public.

The purpose of the rules workshop will be to discuss the draft rule language.

Interested parties, stakeholders, and the general public are invited to participate in the rules workshops or provide comments on draft rules. For continued updates on rule development, interested parties are encouraged to join the [Commission's rules GovDelivery](#).

For more information, please contact Amelia Boyd, Program Manager, Washington Medical Commission at (360) 236-2727 or by email at amelia.boyd@wmc.wa.gov.

Attachment: [CR-101](#)

*CR means Code Reviser

Rules Workshop Agenda



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

Capital Event Center (ESD 113), 6005 Tye Drive SW, Tumwater, WA 98512 (360) 464-6700

Wednesday, November 13, 2019

Open Meeting

- | | | |
|---------|--|------------|
| 1:30 pm | Proposed Clinical Support Program – WSR #18-06-007 | Lewis Room |
| | <ul style="list-style-type: none">• Review and revise draft language• Next steps | |
| 2:30 pm | Telemedicine – WSR #19-19-072 | Lewis Room |
| | <ul style="list-style-type: none">• Go over rulemaking process and timelines• Begin creating draft rule language• Next steps | |

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission meetings.

Times and Order: The meeting will commence at 1:30 pm on Wednesday, November 13, 2019.

This agenda is subject to change.

Accessibility: These meetings are accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than five days prior to the meeting. If you wish general information about this meeting, please call the program at (360) 236-2727. If you need assistance with special needs and services, you may leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call (360) 236-4052. TTY users dial 711 for Washington State Relay Service. If you need assistance due to a speech disability, Speech-to-Speech provides human voices for people with difficulty being understood. The Washington State Speech-to-Speech toll free access number is 1-877-833-6341.

Smoking is prohibited at these meetings.



CR-101

WSR 18-06-007
PREPROPOSAL STATEMENT OF INQUIRY
DEPARTMENT OF HEALTH
(Medical Quality Assurance Commission)
[Filed February 22, 2018, 4:37 p.m.]

Subject of Possible Rule Making: WAC 246-919-XXX allopathic physicians and 246-918-XXX allopathic physician assistants, the medical quality assurance commission (commission) is considering creating two new rule sections that will establish a clinical assistance program to resolve practice deficiencies that may not rise to the level of a license sanction or revocation through a plan of education, training, and/or supervision for allopathic physicians and physician assistants. The commission will consider amending other related rules as needed.

Statutes Authorizing the Agency to Adopt Rules on this Subject: RCW [18.71.017](#), [18.71.002](#), and [18.130.050](#).

Reasons Why Rules on this Subject may be Needed and What They Might Accomplish: The commission is considering creating two new rule sections, and revising related rule sections as appropriate, to establish a clinical support program (program), its criteria and procedures for allopathic physicians and physician assistants. The intent of the program is to assist practitioners with practice deficiencies related to consistent standards of practice and establish continuing competency mechanisms that will protect patients proactively through a plan of education, training and/or supervision. The commission may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

The program would allow for quick identification of issues requiring clinical support, through practitioner or employer inquiry, referral, and including complaints that may not rise to the level of a license sanction or revocation. These issues could be resolved with voluntary participation from the allopathic physician or physician assistant in the program. The commission is considering education, training, supervision, or a combination of the three as part of the program. Issues appropriate for clinical support would likely include but are not limited to practice deficiencies such as a failure to properly conduct a patient assessment or document treatment. This also allows an allopathic physician or physician assistant a structured process to quickly improve his or her clinical skills.

Finally, participation in this program places the commission in an active patient safety role.

Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: None known.

Process for Developing New Rule: Collaborative rule making.

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting Daidria Amelia Underwood, P.O. Box 47866, Olympia, WA 98504-7866, phone 360-236-2727, fax 360-236-2795, TTY 360-833-6388 or 711, email daidria.underwood@doh.wa.gov.

Additional comments: Interested persons may sign up for the commission's interested parties list (GovDelivery) at <https://public.govdelivery.com/accounts/WADOH/subscriber/new>. All commission rule-making notices will be emailed via GovDelivery and

interested parties will be invited to participate in public rule meetings and submit written comments for consideration.

February 22, 2018
Melanie de Leon
Executive Director



Draft Language

New Section

Physicians

246-919-650

Clinical Support Program

(1) The purpose of the clinical support program is to address practice deficiencies identified in the course of an investigation. The clinical support program may include education, training, and monitoring to improve the quality of care and reduce the risk of patient harm.

(2) "Clinical support plan" means a written and signed agreement between the physician and the commission listing steps the physician may take to resolve any practice deficiencies. A plan may include, but is not limited to, practice alterations, training, continuing medical education, or follow-up monitoring of the physician's clinical practice by the physician's current employer or other practice monitor approved by the commission. This definition applies throughout this section unless the context clearly requires otherwise.

(3) The commission may resolve an allegation of a practice deficiency or deficiencies through the clinical support program following an investigation.

(4) The commission shall use the following criteria to determine eligibility for the clinical support program:

- (a) Practice limitations are not needed to ensure patient protection;
- (b) The identified practice deficiency or deficiencies may be corrected by education, training, monitoring, or any combination of these, and are unlikely to recur;
- (c) The physician agrees to participate in the clinical support program; and

(d) The commission has not authorized disciplinary action for the identified practice deficiency or deficiencies under RCW 18.130.172, RCW 18.130.170, or RCW 18.130.090.

(5) The commission may offer a clinical support plan to resolve an eligible complaint. Nothing in this section requires the commission to offer a clinical support plan. A physician who accepts a clinical support plan waives any right to a hearing to modify the clinical support plan or challenge the commission's decision regarding successful completion of the clinical support plan.

(6) The commission shall use the following process to implement the clinical support program:

(a) After an investigation identifies a practice deficiency or deficiencies the commission deems appropriate for the clinical support program, the commission shall apply criteria in subsection (4) of this section to determine eligibility for the clinical support program;

(b) If all of the criteria are met, and if the commission determines the physician is eligible for participation in the clinical support program, the commission may propose a clinical support plan to the physician;

(c) The commission shall evaluate whether the practice deficiency or deficiencies have been corrected and are unlikely to recur;

(d) The commission may conduct additional investigation and consider disciplinary action if additional facts become known or circumstances change such that the physician is no longer eligible based on the criteria in subsection (4) of this section;
and

(e) If the physician complies with the agreed clinical support plan, the commission may consider the physician's completion of the clinical support plan as grounds to close the matter without further action.

New Section

Physician Assistants

246-918-450

Clinical Support Program

(1) The purpose of the clinical support program is to address practice deficiencies identified in the course of an investigation. The clinical support program may include education, training, and monitoring to improve the quality of care and reduce the risk of patient harm.

(2) "Clinical support plan" means a written and signed agreement between the physician assistant and the commission listing steps the physician may take to resolve any practice deficiencies. A plan may include, but is not limited to, practice alterations, training, continuing medical education, or follow-up monitoring of the physician assistant's clinical practice by the physician assistant's current employer or other practice monitor approved by the commission. This definition applies throughout this section unless the context clearly requires otherwise.

(3) The commission may resolve an allegation of a practice deficiency or deficiencies through the clinical support program following an investigation.

(4) The commission shall use the following criteria to determine eligibility for the clinical support program:

- (a) Practice limitations are not needed to ensure patient protection;
- (b) The identified practice deficiency or deficiencies may be corrected by education, training, monitoring, or any combination of these, and are unlikely to recur;
- (c) The physician agrees to participate in the clinical support program; and

(d) The commission has not authorized disciplinary action for the identified practice deficiency or deficiencies under RCW 18.130.172, RCW 18.130.170, or RCW 18.130.090.

(5) The commission may offer a clinical support plan to resolve an eligible complaint. Nothing in this section requires the commission to offer a clinical support plan. A physician who accepts a clinical support plan waives any right to a hearing to modify the clinical support plan or challenge the commission's decision regarding successful completion of the clinical support plan.

(6) The commission shall use the following process to implement the clinical support program:

(a) After an investigation identifies a practice deficiency or deficiencies the commission deems appropriate for the clinical support program, the commission shall apply criteria in subsection (4) of this section to determine eligibility for the clinical support program;

(b) If all of the criteria are met, and if the commission determines the physician is eligible for participation in the clinical support program, the commission may propose a clinical support plan to the physician;

(c) The commission shall evaluate whether the practice deficiency or deficiencies have been corrected and are unlikely to recur;

(d) The commission may conduct additional investigation and consider disciplinary action if additional facts become known or circumstances change such that the physician is no longer eligible based on the criteria in subsection (4) of this section;
and

(e) If the physician complies with the agreed clinical support plan, the commission may consider the physician's completion of the clinical support plan as grounds to close the matter without further action.